DIOCESE OF ORANGE
MINOR PERMISSION AND LIABILITY RELEASE FORM

ACTIVITY: Middle School Youth Day 2024

DATE & PLACE: February 3rd 2024 | Knotts Berry Farms, Buena Park, CA. 90620

SCHOOL/PARISH: Holy Trinity Catholic Church

STUDENT/MINOR PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ **CHECK ONE:** ___**FEMALE** ___**MALE**

STUDENT'S CELL PHONE: _____

PARENT/GUARDIAN NAME(S): _____

HOME ADDRESS: _____

MOTHER'S HOME/CELL PHONE: _____ **FATHER'S HOME/CELL PHONE**: _____

EMERGENCY CONTACT
NAME: _____ **PHONE:** _____ **RELATION:**_____

MEDICATION ***During the above named activity, my child has my permission to take the following:***

Choose at least one:

□ My child will be taking a prescription medication.
Name of medication:_____Dosage:_____Times per day:_____

□ My child will be taking a non-prescription medication.
Name of medication:_____Dosage:_____Times per day:_____

□ My child will not be bringing any medications, but I authorize, if needed, school/parish/diocesan staff to give my child non-prescription, over-the-counter, medications:

Notes:/Allergies/Medical Problems/Special Dietary Requirements: _____

I, _____ grant permission for my child, _____
Parent or Guardian's Name **Child's Name**

to participate in this school/parish/diocesan event. This activity will take place under the guidance and direction of school/parish/diocesan employees and/or volunteers from Holy Trinity Catholic Church
Name of School/Parish

As parent/legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Holy Trinity Catholic Church, its officers, directors, employees and agents, and the Diocese of Orange, its
Name of School/Parish
employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Orange, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Orange.

I authorize the making of photographs, motion pictures, video tapes, recordings or other memorializing of said event and my child's participation therein, and the publication and duplication or other use thereof. I waive any rights to compensation or any right that I otherwise might have to limit or control such making or use.

I give permission to the physician, nurse, dentist or licensed care staff selected by the supervisory personnel then present to render medical, dental or other appropriate treatment deemed necessary and appropriate by the physician, nurse, dentist or licensed care staff.

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____